

PATENT
85VF-00003

RECEIPT
9/25/04
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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Byrne et al.

Serial No.: 09/681,391

Art Unit: 2164

Filed: March 28, 2001

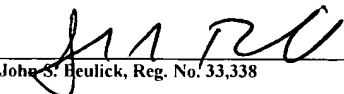
Examiner:

For: METHODS AND SYSTEMS FOR
PERFORMING USAGE BASED BILLING :

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AUG 15 2001
Technology Center 2100

CERTIFICATE OF MAILING

I certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Office of Initial Patent Examination, Customer Service Center, Washington, D.C. 20231, on August 3, 2001.


John S. Beulick, Reg. No. 33,338

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

REQUEST FOR CORRECTION OF FILING RECEIPT

Sir:

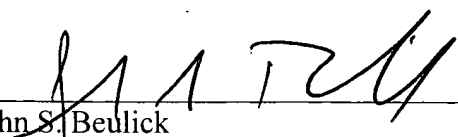
Applicants respectfully request that the filing receipt in the present application be corrected to set forth the correct attorney docket number and spelling of an Applicant's name. A copy of the filing receipt is enclosed.

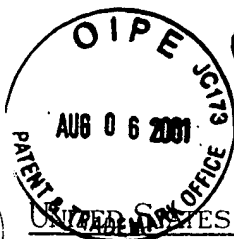
The correct attorney docket number is: 85VF-00003.

The correct spelling of the fifth named inventor's name is: Kathy Focazio.

Applicants further request that a new, corrected filing receipt be issued.

Respectfully submitted,


John S. Beulick
Reg. No. 33,338
ARMSTRONG TEASDALE LLP
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
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09/681,391	03/28/2001	2164	1770	17659-00010	4	45	9
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85VF-00003

CONFIRMATION NO. 3266

UPDATED FILING RECEIPT



OC000000006280476

RECEIVED

AUG 15 2001

Technology Center 2100

Date Mailed: 07/11/2001

23465
JOHN S. BEULICK
C/O ARMSTRONG TEASDALE, LLP
ONE METROPOLITAN SQUARE
SUITE 2600
ST LOUIS, MO 63102-2740

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

Stephen A. Byrne, Columbia, MO;
Tony Van de Riet, Columbia, MO;
Pam Weber, Independence, IA;
Kevin Divine, Columbia, MO;
Kathy Focazio, Ormond Beach, FL; **Focazio**
Lauren Noble, Marion, IA;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 05/01/2001

Projected Publication Date: 10/03/2002

Non-Publication Request: No

Early Publication Request: No

Title

Methods and systems for performing usage based billing

ENTERED
Date: 7-17-01
By: lam

Preliminary Class
705

Data entry by : BERHIE, RUTH

Team : OIPE

Date: 07/11/2001



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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 3266

SERIAL NUMBER 09/681,391	FILING DATE 03/28/2001 RULE	CLASS 705	GROUP ART UNIT 2161	ATTORNEY DOCKET NO. 85VF-00003
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APPLICANTS

Stephen A. Byrne, Columbia, MO;
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 Pam Weber, Independence, IA;
 Kevin Divine, Columbia, MO;
 Kathy Focazio, Ormond Beach, FL;
 Lauren Noble, Marion, IA;

#5

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/01/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 4	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS
23465

TITLE
Methods and systems for performing usage based billing

FILING FEE RECEIVED 1770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.18 Fees (Issue)
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